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ABSTRACT

Few follow-up studies of parasuicides in the literature focus on changes in underlying psychopathology. This study compared a group of parasuicides who mastered their presenting problems within 3 months after the key episode with a group who had not and examined some of the underlying psychopathology and its relationship to repetition of suicidal behavior. Subjects were parasuicides (N=228) who presented at hospitals and were interviewed within 3 days of the event or as soon as detoxification allowed. Subjects were asked to name up to three problems which they considered responsible for the episode and to complete a variety of psychological tests which were repeated at the end of 3 months. Results of predisposing or triggering problems that precipitated deliberate self-harm seemed to depend on more acute versus chronic problems, a sense of mastery and relatively low self-dislike. Compared to non-resolvers, resolvers experienced better fortune, with fewer new stresses and more improvements, which may also have been related to better coping and to the mastery of their initial problems. Nevertheless, one in six persons of either group repeated. They turned out to be people who began deliberate self-harm earlier in life and resorted to it more often. Their shorter prodromes suggest lower thresholds. Externally directed hostility and externally attributed control over their lives also distinguished repeaters. At 3 months they were predictably found to be characterized by poor social adjustment and dislike of themselves. (ABL)

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WHY DO PARASUICIDES REPEAT DESPITE RESOLVING THEIR PROBLEMS?*#

A prospective study of 228 patients who attempted suicide

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INTRODUCTION

There are not very many follow-up studies of parasuicides in the literature and these characteristically focus on repetition rates rather than on changes in underlying psychopathology. Psychosocial problems commonly trigger parasuicide episodes (Bancroft et al, 1979) and yet the resolution of these difficulties over time has not been related to concomitant changes in the patients' psychological functioning nor to repetition of parasuicide. This paper compares a group of parasuicides who mastered their presenting problems within three months after the key episode with a group which had not and examines some of the underlying psychopathology and its relation to repetition of suicidal behavior..

METHOD

We collected a consecutive series of 228 parasuicides who presented at the four major general hospitals of an industrial city in Canada and interviewed them within three days of the event or as soon as detoxification allowed. The baseline interview included demographic, family, social, and clinical data pertaining to the current and previous episodes. Each patient was asked to name up to three problems which he (she) considered responsible for his episode and to record their severity on a 5 inch visual analog scale. A 61 item stressful life events inventory (Paykel and Uhlenluth,1975), the Weissman Social Adjustment Scale and the Beck Suicidal Intent Scale were administered as semi-structured interviews by the research

assistants. The patients completed the Beck Depression Inventory, Foulds's Direction of Hostility Questionnaire, Rosenberg's scales (self-esteem and sensitivity to criticism), Rotter's Internal-External inventory of locus of control, and Dean's Alienation scale (powerlessness, normlessness and isolation). These were repeated at the end of three months.

RESULTS

At follow-up data were available for 187 (82.02%) of the original sample. [Subsequently a further 14 patients (6.14%) were traced but these data are not included in the three month analysis.] A group of 27 (11.84%) were permanently lost to the study after the first interview. The 187 patients were subdivided into two groups according to whether they had achieved a 50% or better reduction in the severity of the problems identified at the key episode. This was deemed a worthwhile clinical effect (delta) and would have reduced a visual analog score signifying "I just cannot bear this for much longer" to "This problem is troublesome but I am coping with it". There were 113 patients (49.56% of the original sample) who met the criterion and fell into the Resolved group and 74 (32.46% of the original sample) were included in a Non-resolved group. Of the 187 successfully followed 60.42% were resolvers and 39.57% non-resolvers.

There were no significant differences in age, sex ratio and years of formal education between the Resolved or Not Resolved groups. At inception problem scores were significantly higher in Resolvers (8.55) than in the Non-resolvers (6.89). The prodromal disturbance prior to the episode had lasted almost twice as long

in the Non-resolved group (13.29 versus 7.38 weeks) and there had been more previous episodes of self-harm. This group also scored at inception higher than the Resolved group on measures of powerlessness and internally directed hostility.

Significant changes were found at three months between the Resolved and Non-resolved groups applying analysis of covariance which procedure corrects for differences between the groups on initial baseline scores. Even though the Resolvers had a mean problem score higher than the Non-resolvers at inception, at three months they had lowered their scores to a level below the other group. They had also done better than the Non-resolving group on their Beck Depression scores, locus of control, powerlessness, total, external and internal hostility scores. Self-esteem, sensitivity to criticism, and social adjustment scores had also improved much more.

At follow-up the Resolved group had also experienced a lower incidence of new stresses and a higher incidence of improvements in their lives than the Non-resolved group. In spite, however, of its greater initial advantages, its gains over the three months, and its better fortune, there was no significant difference from the Non-resolving group in the incidence of repeat episodes of deliberate self-harm over this period. Eighteen subjects (16.07%) of the Resolved group and 12 (16.22%) of the Non-resolvers reported further episodes of parasuicide during the interval, an astonishingly similar proportion.

Since equal proportions of repeaters came from both groups they were pooled and compared with the non-repeaters. At inception the Repeater group had significantly greater problem

scores, were younger at the time of their first episodes and reported more prior episodes. As a group they were characterised by greater initial powerlessness, normlessness, total and external hostility than the Non-repeaters. On the other hand mean potential lethality of the index attempt was lower in the Repeater than the Non-repeater group.

At three months the significant changes (all improvements) were in favour of the Non-repeaters. They were much less depressed, isolated, hostile (total, external and internal), and sensitive to criticism. Their self-esteem and social adjustment had also improved more.

Finally, a discriminant analysis was done to delineate the predictor variables which distinguished the Repeater from the Non-repeater group. These were, at inception: greater problem scores, shorter prodromes, younger age at first episode, more external locus of control, lower self-esteem and a greater feeling of powerlessness. Of the three month variables greater internal hostility and poorer social adjustment also emerged. These predictors correctly classified 46.2% of the repeaters (sensitivity) and 97.8% of the non-repeaters (specificity).

CONCLUSIONS

Resolution of predisposing or triggering problems that precipitate deliberate self-harm seems to depend on more acute versus chronic problems, a sense of mastery and relatively low self-dislike. Parsuicide should not have been a habitual coping device. Resolvers in our group experienced better fortune, with fewer new stresses and more improvements, which may also have

been related to better coping and to the mastery of their initial problems. Nonetheless, one in six persons of either group repeated. They turned out to be people who began deliberate self-harm earlier in life and resorted to it more often. Their shorter prodromes suggest lower thresholds, possibly in response to perception of greater severity of their difficulties. Externally directed hostility and externally attributed control over their lives also distinguish the repeaters. At three months they were predictably found to be characterised by poorer social adjustment and more dislike of themselves.